

APPLICATION FOR ACCOUNT BALANCE OF DECEASED PARTICIPANT

See Privacy Act Notice on Reverse

SECTION A - IDENTIFICATION OF DECEASED.			
1. NAME OF DECEASED PARTICIPANT (Last, first, middle)	2. DATE OF DEATH <small>Month Day Year</small>	3. DATE OF BIRTH <small>Month Day Year</small>	4. SOCIAL SECURITY NUMBER
Legal Residence of Participant at Time of Death			
5. FIRST LINE ADDRESS	6. SECOND LINE ADDRESS		
7. CITY	8. STATE/COUNTRY	9. ZIP CODE	
SECTION B - IDENTIFICATION OF APPLICANT.			
10. APPLICANT NAME (Last, first, middle)		11. RELATIONSHIP TO DECEASED	
12. ADDRESS			
13. CITY	14. STATE/COUNTRY	15. ZIP CODE	16. DAYTIME PHONE (Area Code and Number)
17. Was the participant married at the time of death? If yes, skip Blocks 18 through 21 and complete Section C. If no or do not know, go to Block 18. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know _____			
18. Are there any children of the deceased as defined in the instructions? If yes, skip Blocks 19 through 21 and complete Section C. If no or do not know, go to Block 19. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know _____			
19. Are either of the deceased participant's parents living? If yes, skip Block 20 and 21 and complete Section C. If no or do not know, go to Block 20. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know _____			
20. Has an executor or administrator been appointed by the court to settle the estate of the deceased? If yes, skip Block 21 and complete Section C. If no or do not know, go to Block 21. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know _____			
21. Will an executor or administrator be appointed? If yes, complete Section C. If no or do not know, go to Section D. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know _____			
SECTION C - ADDITIONAL INFORMATION.			
If you checked "Yes" for any of the questions in Blocks 17 through 21, you must complete this section. See reverse for instructions.			
SECTION D - CERTIFICATION.			
I hereby certify, under penalty of perjury, that all statements made on this application are true to the best of my knowledge and that I have not withheld any evidence necessary to settle this claim. Warning: Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 USC 1001).			
22. APPLICANT'S SIGNATURE			23. DATE SIGNED